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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Powers et al.

Application No.: 09/418,536

Group Art Unit: 3762

Filed: October 14, 1999

Examiner: Frances Oropeza

For: METHOD AND APPARATUS FOR PROVIDING ON-SCREEN INCIDENT
REVIEW IN AN AED

RESPONSE TO OFFICE ACTION

Box Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Examiner's Office Action dated March 27, 2001, kindly
amend the application as follows:

In the Claims:

Kindly amend claims 1, 6, 8, 10, 11, 15, 16, and 19 as follows:

RECEIVED
JUN 28 2001
TC 3700 MAIL ROOM

3762

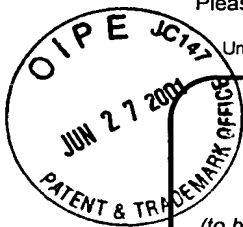
PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/418,536
		Filing Date	October 14, 1999
		First Named Inventor	Daniel J. Powers
		Group Art Unit	3762
		Examiner Name	Frances Oropeza
Total Number of Pages in This Submission	12	Attorney Docket Number	10981567-1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Statement Claiming Small Entity Status <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="display: flex; justify-content: space-between;"> <div>Remarks</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED JUN 28 2001 TC 3700 MAIL ROOM </div> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sean P. O'Hanlon, Reg. 47,252 Swidler Berlin Shereff Friedman, LLP
Signature	
Date	June 27, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name			
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